



Cedar Park Municipal Court Teen Court

Volunteer Application

Name: _____ Age: _____ Date of Birth: _____

Address: _____
(Number and Street) (City, State, and Zip)

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Phone Number: _____

E-mail: _____ What school do you attend? _____

What types of activities are you involved with in and outside of school (church, community, work, etc.)? _____

Why do you want to be a part of Teen Court? _____

Have you ever been found guilty of a crime? ____ Yes ____ No

If so, what charge? _____

Have you ever been a victim of a crime? ____ Yes ____ No

If so, in what capacity? _____

Please check which role(s) you would like to perform within the teen court:

☐ Bailiff

☐ Defense Attorney

☐ Juror

☐ Prosecuting Attorney

Do you have a current valid driver's license? ____ Yes ____ No

Do you have reliable transportation? ____ Yes ____ No

REFERENCES

Please include one reference and attach a letter from that individual. The reference should be over twenty-one years of age and should not be a relative.

Name		Relationship	
Address		Phone #	

I understand that Teen Court takes preparation and dedication. I have spoken with my parent (s) and teachers about time commitments and realize how important it is to be present at all court sessions.

Applicant's Signature

Date

Parent's Signature

Date



Cedar Park Municipal Court Teen Court

CONFIDENTIALITY AGREEMENT

I, _____, a participant in the Cedar Park Teen Court program, understand and acknowledged the information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury, are strictly confidential, and that I am restricted and forbidden to disclose said information to any party other than the Teen Court judge or coordinator.

Further, I agree to immediately notify the Teen Court judge or coordinator if at any time I come upon information that a participant in Teen Court may cause harm to him/herself or others.

I understand that this Confidentiality Agreement applies to information I have received in the past, present, and in future involvement in Teen Court. I further understand that failure to abide by this Confidentiality Agreement is grounds for immediate dismissal from the program and I may be subject to further consequences as provided for by law. I also understand that this Agreement is binding and remains in full effect even if I discontinue participation in Teen Court.

Date

Signature of Teen Court Participant

PARENTAL CONSENT

I understand that, as a parent/guardian, I am allowing my minor child to participate as a Teen Court volunteer. I further understand that Teen Court volunteers are required to keep all case information CONFIDENTIAL.

Date

Parent / Guardian Signature

TEEN COURT CONSENT TO BE PHOTOGRAPHED

Cedar Park Municipal Court Teen Court would like your permission to use images taken of you to showcase Teen Court on our website and/or our Facebook page.

We will not release any personally identifiable information (such as volunteer names, residential addresses, email addresses and phone numbers) without prior written consent from you and your parent or guardian.

I grant permission for photographs of myself to be used for Teen Court.

Date

Signature of Teen Court Participant

Date

Parent's Signature (if under 17 years of age)